Robert Lackin Washee County Commissions: Report Address (include clyfuld 20 code)	CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT		St	ate of Neva	da
Name (print)	\wedge .	tu Commi	issioner	4	d not your
Telephone No. Telephone No.	Name (print) Office (if applicable)		Dis	trict (if applicable	
Select Appropriate Box(es) CANDIDATE PAC POL PRTY IND EXP NONPROFIT CORP				1315-4	862
□ LEGAL DEFENSE FUND □ AMENDED Annual Filing - Due January 15, 2008 Period: January 1, 2007 - December 31, 2007 Report #1 — Due August 5, 2008' Period: January 1, 2008 – Oct. 23, 2008 Period: Aug. 1, 2008 – Oct. 23, 2008 Report #3 Due — January 15, 2009 Period: Aug. 1, 2008 – December 31, 2009 Period: January 1, 2008 – December 31, 2009 * These Reports are filed by incumbents/candidates running for office in the 2008 election cycle "Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2 CONTRIBUTIONS SUMMARY * This Period 1. Total Monetary Contributions Received in Excess of \$100 (see page 2 of instruction sheet) 3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet) 4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet) 5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (see page 2 of instruction sheet) 6. Total Monetary Expenses Paid of \$100 or Less (contributions (received in Excess of \$100 (See page 2 of instruction sheet) 7. Total Video of in Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet) 8. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 10. Total Amount of Minten Contributions Received in Excess of \$100 (See page 2 of instruction sheet) 11. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 12. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 13. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 14. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 15. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 16. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 17. Total	bob@remosierra.com				
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AFFIRMATION		ON			
I Declare Under Penalty of Perjury That the Foregoing is True and Correct.			,	,	
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Signature / Date	Sighature		Date		
EL201.doc Revised: May - 2007 PAGE OF	EL201.doc Revised: May - 2007		PAGE	OF 7	

(A)

short Larkin	Washoe County	Commissioner	4
obert Larkin ume (print)	Washoe County Office (if applicable)	And the company of the same	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Lewist Roca Lawyers 50 W. Liberty	10/29/08	1000.00			
#140 Reno NV 89501					
Reno Sparks Indian Colony 980 Colony Rd Reno NU 89502	10/29/08	500.00			
Reno NU 89502					
NIT ROSE Rep. Wemen	10/29/08	300.00			
Rep. Wemen P.O. Box 18446 Reno NV 89511					

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Robert Larkin

Washoe Office (if applicable)

Commissioner

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report Period #

Robert Larkin

Washoe County Commissioner 4
Office (if applicable)
District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
JB Marketing, INC 888 W and St. Suite #311	GL	10/3/08	29 62:55
Reno NU 89503	FP	10/13/08	36,037.45
Reno NU 89503 JB Marketing INC	F	11/3/08	1,000.00
888 W and St Suite 311 Reno NU 89503	D	11/3/08	11,082.39
TR Marketing INC	F	11/20/08	450.00
888 W and St. Ste. #311 Reno NU 89503	D	11/20/08	2,217.80
NV Republican Party 8625 W Sahara Las Vegas NV 89117	Н	11122108	115.00
Chase Card Service	A	10/24/08	130.95
P.O BOX 36520	FD	10/24/08	26.75
Chase Card Service		12/26/08	284.50
PO BOX 3652	A	12/26/08	99.13
Chase Card Service P.O BOX 3652 Louisville KY 40233	C	12/31/08	139.00

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PAGE 4 OF 7

District (if applicable)

Name (print)

Washoe (of applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
			No.			

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PAGE 5 OF 7

Robert	Larkin	Washoe	County	Commissioner District (if app	1
Name (print)		Office (if applica	ble)	District (if app	olicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

Report Period

Robert Larkin

Washoe Office (if applicable) County

Commissioner J District (If applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR	DESCRIPTION OF EACH IN KIND	DATE OF EACH	VALUE OR COST OF EACH
SERVICE(S)	EXPENSE	IN KIND EXPENSE	IN KIND EXPENSE

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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